## MAY 2 7 2005

PTO/SB/17 (12-04v2)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| Under the Panery   | ork Reduction Act of | 1995 no ner                | of heriuper ere snoe | rescond to a collect      |                                  |      |                           | a a valid OMR control number |  |  |
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| East aumunit to t  | Complete if Known    |                            |                      |                           |                                  |      |                           |                              |  |  |
| FEE TRANSMITTAL  |                      |                            |                      | Application Number 10/82  |                                  |      | 1,200                     |                              |  |  |
| FEE  | IKAN                 | 1211                       | Filing Date          | Filing Date April 13, 200 |                                  |      |                           |                              |  |  |
| For FY 2005  |                      |                            |                      | First Named I             | First Named Inventor Maff        |      | affels                    |                              |  |  |
|  | Examiner Nar         | Examiner Name              |                      |                           |                                  |      |                           |                              |  |  |
| Applicant claims small entity status. See 37 CFR 1.27  |                      |                            |                      | Art Unit                  | Art Unit 2153                    |      |                           |                              |  |  |
| TOTAL AMOUNT OF PAYMENT (\$) 455   |                      |                            |                      | Attorney Doc              | Attorney Docket No. FREI.P-044-2 |      |                           |                              |  |  |
| METHOD OF PAYMENT (check all that apply)   |                      |                            |                      |                           |                                  |      |                           |                              |  |  |
| Check Credit Card Money Order None Other (please identify):  |                      |                            |                      |                           |                                  |      |                           |                              |  |  |
| Deposit Account Deposit Account Number: 15-0610 Deposit Account Name:  |                      |                            |                      |                           |                                  |      |                           |                              |  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |                      |                            |                      |                           |                                  |      |                           |                              |  |  |
| Charge fee(s) Indicated below Charge fee(s) indicated below, except for the filing fee   |                      |                            |                      |                           |                                  |      |                           |                              |  |  |
| Charge any additional fee(s) or underpayments of fee(s)  |                      |                            |                      |                           |                                  |      |                           |                              |  |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card            |                      |                            |                      |                           |                                  |      |                           |                              |  |  |
| Information and authorization on PTO-2038. FEE CALCULATION   |                      |                            |                      |                           |                                  |      |                           |                              |  |  |
|  |                      |                            |                      |                           |                                  |      |                           |                              |  |  |
| BASIC FILING, SEARCH, AND EXAMINATION FEES     FILING FEES SEARCH FEES EXAMINATION FEES  |                      |                            |                      |                           |                                  |      |                           |                              |  |  |
| Application 1  |                      | Small E                    | ntity                | Small Entity              |                                  | Smat | Entity:                   |                              |  |  |
| Utility  |                      |                            |                      |                           | Fee                              |      | <del>9 (\$)</del>         | Fees Paid (\$)               |  |  |
|  | 300                  |                            |                      |                           | 200                              | -    | 00                        |                              |  |  |
| Design   | 200                  |                            |                      |                           | 130                              | 0 (  | 55                        |                              |  |  |
| Plant  | 200                  |                            |                      |                           | 160                              | 0 1  | 80                        |                              |  |  |
| Reissue  | 300                  |                            | 500                  | 250                       | 600                              | 0 30 | 00                        |                              |  |  |
| Provisional  | 200                  | 100                        | 0                    | 0                         | (                                | 0    | 0                         |                              |  |  |
| 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)  |                      |                            |                      |                           |                                  |      |                           |                              |  |  |
| Each claim over 20 (including Reissues)  |                      |                            |                      |                           |                                  |      | 50.                       | Fee (\$)<br>25               |  |  |
| Each independent claim over 3 (including Reissues)   |                      |                            |                      |                           |                                  |      | 200                       | 100                          |  |  |
| Multiple dependent claims  |                      |                            |                      |                           |                                  |      | 360                       | 180                          |  |  |
| Total Claims   |                      |                            |                      |                           |                                  |      | Multiple Dependent Claims |                              |  |  |
| <u>27</u> - 2  | O or HP =7           | x .                        | 25 =                 | 175                       |                                  |      | Fee (\$)                  | Fee Pald (\$)                |  |  |
| Indep. Claims  |                      | aid for, if gre:<br>Claims |                      | e Paid (\$)               |                                  | _    | 180                       | 180                          |  |  |
| $\frac{7}{3}$ or HP = $\frac{2}{3}$ x 100 = 200  |                      |                            |                      |                           |                                  |      |                           |                              |  |  |
| HP = highest number of independent claims paid for, if greater than 3.   |                      |                            |                      |                           |                                  |      |                           |                              |  |  |
| 3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer       |                      |                            |                      |                           |                                  |      |                           |                              |  |  |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50                            |                      |                            |                      |                           |                                  |      |                           |                              |  |  |
| sneets of fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)   |                      |                            |                      |                           |                                  |      |                           |                              |  |  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = / 50 = (round up to a whole number) x |                      |                            |                      |                           |                                  |      |                           |                              |  |  |
| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)  |                      |                            |                      |                           |                                  |      |                           |                              |  |  |
|  | late filing surch    |                            |                      |                           |                                  |      |                           |                              |  |  |
| SUBMITTED BY   | ()                   |                            |                      |                           |                                  |      |                           |                              |  |  |
| Signature  | Ori                  | le                         | M                    | Registration No.          | 32,748                           |      | Telephon                  | <sup>8</sup> 970-468-6600    |  |  |
| Name (Print/Tyne)  | Carl Oppodabl        |                            | <del></del>          | (Zuminey/Agent)           |                                  |      |                           | 2,3 100 0000                 |  |  |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Maffeis

Application No.: 10/824,200

Filed: 4/13/2004

Title: Messaging Proxy System

Attorney Docket No.: FREI.P-044-2

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MAY 2 7 2005

Examiner:

Conf. No.: 5868

Group Art Unit: 2153

## PRELIMINARY AMENDMENT UNDER 37 CFR 1.115

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Preliminary to the Examination of the above-referenced application, please amend this application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendment to the Claims are reflected in the listing of claims which beings on page 3 of this paper.

Remarks/Arguments begin on page 12 of this paper.

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01 FC:2201

02 FC:2202 03 FC:2203

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